

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:44

DOCUMENT # **455312** (9)

1. Corporation Name
MOHAWK MANUFACTURING COMPANY

Principal Place of Business Mailing Address
963 NORTH HIGHWAY 427 LONGWOOD FLORIDA 32750

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/25/1974		3a. Date of Last Report 04/12/1994	
2. Principal Place of Business 21 963 North CR 427		4. FEI Number 59-1538300	
2a. Mailing Address 26 963 North CR 427		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. 22		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 Longwood, FL 32750		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State 27 Longwood, FL 32750		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEIDIGH, DARRELL 336 W LAKEVIEW AVENUE LAKE MARY FL 32746				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature: Typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEIDIGH, DARRELL		1.2 NAME		
STREET ADDRESS	336 W LAKEVIEW AVENUE		1.3 STREET ADDRESS		
CITY - ST - ZIP	LAKE MARY FL		1.4 CITY - ST - ZIP		
TITLE	SD		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEIDIGH, BETTYE		2.2 NAME		
STREET ADDRESS	336 W LAKEVIEW AVENUE		2.3 STREET ADDRESS		
CITY - ST - ZIP	LAKE MARY FL		2.4 CITY - ST - ZIP		
TITLE			3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY - ST - ZIP		
TITLE			4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE			5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if such were made, that I am an officer or director of the corporation or the processor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bettye S. Leidigh* Bettye S. Leidigh 3-29-95 407-834-3233
(Signature: Typed or printed name of signing officer or director)